### CONTRACT #2 RFS # 318.66-026

# Department of Finance & Administration Bureau of TennCare

VENDOR: Volunteer State Health Plan, Inc. (TennCare Select)



### STATE OF TENNESSEE BUREAU OF TENNCARE 310 Great Circle Road NASHVILLE, TENNESSEE 37243

#### RECEIVED

APR 1 3 2006

FISCAL REVIEW

**April 11, 2006** 

Mr. Jim White, Director Fiscal Review Committee 8<sup>th</sup> Floor, Rachel Jackson Bldg. Nashville, TN 37243

Attention: Leni Chick

RE: Bureau of TennCare Contract Submitted for Fiscal Review

Dear Mr. White:

The Department of Finance and Administration, Bureau of TennCare, is submitting for consideration by the Fiscal Review Committee amendment #14 of contract # FA-02-14632-00, Volunteer State Health Plan, Inc. (TennCare Select). As required by the Center for Medicare and Medicaid Services, annual payments are made via an MCO to Meharry Medical Services and/or the Meharry Dental Clinic for unreimbursable TennCare and charity case costs. This amendment provides additional funding for Fiscal Year 2006 unreimbursed cost.

The Bureau of TennCare would greatly appreciate the consideration and approval of this amendment by the Fiscal Review Committee.

Sincerely.

Keith Gaither

**Deputy Chief Financial Officer** 

Cc: J. D. Hickey, Deputy Commissioner

Darin Gordon Alma Chilton

#### REQUEST: NON-COMPETITIVE AMENDMENT

APPROVED

|  |  | Commissioner of Finance & A          | dministration                                   |
|--|--|--------------------------------------|---|
| A REQUEST CAN NOT E                                  | s below indicates specific information that<br>BE CONSIDERED IF INFORMATION PROVID<br>CH OF THE REQUIREMENTS INDIVIDUALL | ED IS INCOMPLETE, NON-RESPONS        | ressed <u>as required</u> .<br>NVE, OR DOES NOT |
| RFS# 318.66-0  | 26   |                                      |   |
| STATE AGENCY NAME :                                  | Deparatment of Finance and Administra  | ation, Bureau of TennCare            |   |
| SERVICE CAPTION:                                     | Provides TennCare covered services to MCO's fail.  | children in State custody and prov   | ides a safety net should other                  |
| CONTRACT#  | FA-02-14632-00   | PROPOSED AMENDMENT #                 | 14  |
| CONTRACTOR:  | Volunteer State Health Plan, Inc.  |                                      |   |
| CONTRACT START DATE                                  | July 1, 20   | 01                                   |   |
| CURRENT, LATEST POSS<br>(including ALL options to ex |  | 06                                   |   |
| CURRENT MAXIMUM LIAE                                 | \$461,627  | 304.90                               |   |
| LATEST POSSIBLE END D                                | DATE <u>WITH</u> PROPOSED AMENDMENT<br>tend)   | 12/31/2006                           |   |
| TOTAL MAXIMUM COST V                                 | VITH PROPOSED AMENDMENT :<br>tend)   | \$464,688,530.90                     |   |
| APPROVAL CRITERIA : (select one)                     | use of Non-Competitive Negoti  | ation is in the best interest of the | state   |
|  | only one uniquely qualified ser  | vice provider able to provide the    | service   |
| ADDITIONAL REQUIRED I                                | REQUEST DETAILS BELOW (address   | each item immediately following the  | requirement text)                               |
| (1) description of the pro                           | posed additional service and amendm  | ent effects :                        |   |
| Provides vehicle for payme and charity case costs.   | nts to Meharry Medical Services Founda   | tion and/or the Meharry dental Clini | c for unreimbursable TennCare                   |
| (2) explanation of need fo                           | or the proposed amendment :  |                                      |   |

| As required by the Center for Medicare and Medicaid Services, annual payments are made by the Contractor to Meharry Medical Services and/or the Meharry Dental Clinic for unreimbursable TennCare and charity case costs. This amendment provides for remainder of funds to be paid.                      |
|---|
| (3) name and address of the proposed contractor's principal owner(s):  (not required if proposed contractor is a state education institution)   |
| BlueCross BlueShield 801 Pine St Chattanooga,TN 37402   |
| (4) documentation of OIR endorsement of the Non-Competitive procurement request : (required only if the subject service involves information technology)  |
| select one: Documentation Not Applicable to this Request Documentation Attached to this Request   |
| (5) documentation of Department of Personnel endorsement of the Non-Competitive procurement request : (required only if the subject service involves training for state employees)  |
| select one: Documentation Not Applicable to this Request Documentation Attached to this Request   |
| (6) description of procuring agency efforts to identify reasonable, competitive, procurement alternatives rather than to use non-competitive negotiation :  |
| This Contractor is currently providing a network of services for the TennCare Program. This is an amendment to current contract.  |
| (7) justification of why the F&A Commissioner should approve a Non-Competitive Amendment :  |
| The approval of this amendment by F&A will ensure the state can make final payment to Meharry Medical Services and/or Meharry Dental Clinic for FY 2006. This amount is a sum sufficient to administer this amendment in accordance with state law. CMS requires this type of payment be made via an MCO. |
|   |
| AGENCY HEAD REQUEST SIGNATURE: (must be signed by the ACTUAL procuring agency head as detailed on the Signature Certification on file with OCR — signature by an authorized signatory will be accepted only in documented exigent circumstances)  |
| SIGNATURE DATE: 4/10/06   |

|                      |  |                                       |                                |   | .,                           |                               |      |
|----------------------|--|---------------------------------------|--------------------------------|---|------------------------------|-------------------------------|------|
| ·                    | · · · · · · · · · · · · · · · · · · ·    | CONTR                                 | ACT SUMMARY                    | SHEET   |                              |                               |      |
| RFS Number:          | 318.66-026                               |                                       |                                | Contract Number:                                  | FA-02-14632-14               |                               |      |
| State Agency:        | Department of Finance and Administration |                                       |                                | Division:   | Division: Bureau of TennCare |                               |      |
|                      | C-                                       | ontractor                             |                                | Contr   | act Identification           | Number                        |      |
| VSHP (TennCa         |  |                                       |                                | □ V- □ C-   |                              |                               |      |
|                      |  |                                       | Service Description            |   |                              |                               |      |
| Managed Care         | Organization Service                     | es (ASO) / Medically                  | necessary Health Ca            | are Services to the                               | TennCare / Medi              | caid Population               |      |
|                      | Contra                                   | act Begin Date                        |                                |   | Contract End Date            | te                            |      |
|                      | 7  | 7/1/2001                              |                                |   | 12/31/2006                   |                               |      |
| Allotment Code       | Cost Center                              | Object Code                           | Fund                           | Grant   | Grant Code                   | Subgrant Code                 |      |
| 318.66               | 532                                      | 134                                   | 11                             | ☐ STARS   |                              |                               |      |
| FY                   | State Funds                              | Federal Funds                         | Interdepartmental<br>Funds     | Other Funding                                     |                              | Amount (includir<br>nendments | ng   |
| 2002                 | \$ 6,755,937.23                          | \$ 11,843,931.25                      |                                |   | \$                           | 18,599,868.                   |      |
| 2003                 | \$ 15,785,123.40                         | \$ 17,294,819.40                      |                                |   | \$                           | 33,079,942.                   |      |
| 2004                 | \$ 25,125,990.72                         | \$ 38,364,165.90                      |                                |   | \$                           | 63,490,156.                   |      |
| 2005                 | \$ 58,007,447.00                         | \$ 58,007,447.00                      |                                |   | \$                           | 116,014,894.                  |      |
| 2006                 | \$87,748,111.00                          | \$87,748,111.00                       |                                |   | <u> </u>                     | \$175,496,222.                |      |
| 2007                 | \$29,003,723.50                          | \$29,003,723.50                       |                                |   |                              | \$58,007,447.                 |      |
| Total:               | \$222,426,332.85                         | \$ 242,262,198.05                     |                                |   |                              | \$464,688,530.                | 90   |
| CFDA#                | 93.778 Title XIX Dep                     | t. of Health &Human S                 | vcs.                           |   | Check the box ONL            | Y if the answer is \          | /ES: |
|                      | State F                                  | iscal Contract                        |                                | Is the Contractor a SUBRECIPIENT? (per OMB A-133) |                              |                               |      |
| Name:<br>Address:    | Scott Pierce<br>Great Circle Road        | <del> </del>                          | 310                            | Is the Contractor a Vendor? (per OMB A-133)       |                              |                               |      |
| Phone:               | Nashville, TN<br>(615)507-6415           |                                       |                                | Is the Fiscal Year Fu                             | nding STRICTLY LIN           | AITED?                        |      |
| Pi                   |  | get Officer Approval S                | ignature                       | Is the Contractor on                              |                              |                               |      |
| Scott Pierce         | /1/1                                     | 1                                     |                                | Is the Contractor's F                             | ORM W-9 ATTACHE              | D?                            |      |
|                      | Suffe                                    | V                                     | <del></del>                    | Is the Contractor's F                             |                              |                               |      |
|                      | COMPLETE FOR                             | ALL AMENDMENTS (o                     | nly)                           |   | Funding Certificat           | ion                           |      |
|                      |  | Base Contract & Prior                 | This American descript ON 11 V | Pursuant to T.C.A., Sommissioner of Final         | ection 9-6-113, I, M. [      | ). Goetz, Jr.,                | hat  |
| CONTRA               | OT THE BATE                              | Amendments                            | This Amendment ONLY            | there is a balance in t                           | he appropriation from        | which this obligation         | i is |
| •                    | CT END DATE:                             | <b>12/31/2006</b><br>\$ 18.599.868.48 |                                | required to be paid the                           |                              |                               |      |
| FY: 2002             |  | \$ 18,599,868.48<br>\$ 33,079,942.80  |                                | obligations previously                            | incurred.                    |                               |      |
| FY: 2003             |  | \$ 63,490,156.62                      |                                | -   |                              | •                             |      |
| FY: 2004             |  | \$116,014,894.00                      |                                | <del> </del>                                      |                              |                               |      |
| FY: 2005             |  | \$172,434,996.00                      | \$3,061,226.00                 | <del>:</del> 1                                    |                              |                               |      |
| FY: 2006<br>FY: 2007 |  | \$58,007,447.00                       | ψο,υυ 1,220.υ                  | 4   |                              |                               |      |
| F1: 2007             | T-4-1.                                   | \$30,007,447.00<br>\$ 464,627,204.00  | \$3.061.226.00                 |   |                              |                               |      |

#### **AMENDMENT NUMBER 14**

## AN AGREEMENT FOR THE ADMINISTRATION OF TENNCARE SELECT BETWEEN THE STATE OF TENNESSEE, d.b.a. TENNCARE AND VOLUNTEER STATE HEALTH PLAN, INC.

CONTRACT NUMBER: FA-02-14632-00

For and in consideration of the mutual promises herein contained and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties agree to clarify and/or amend the Amended and Restated Contractor Risk Agreement (CRA) by and between the State of Tennessee TennCare Bureau, hereinafter referred to as TENNCARE, and VOLUNTEER STATE HEALTH PLAN, INC., hereinafter referred to as the CONTRACTOR as specified below.

Titles and numbering of paragraphs used herein are for the purpose of facilitating use of reference only and shall not be construed to infer a contractual construction of language.

- 1. Part d. of Section 2-25 shall be amended by deleting 10,000,000 and replacing it with 13,000,000 so that the amended Section 2-25.d shall read as follows:
  - d. Payments to the Meharry Medical Services Foundation and/or the Meharry Dental Clinic under this amendment shall not exceed \$13,000,000 for State fiscal year 2006. In addition to any interest earned, TENNCARE agrees to pay the CONTRACTOR a sum sufficient to administer this amendment in accordance with state law. The total obligation to the CONTRACTOR under this amendment including the supplemental payment to Meharry Medical Services Foundation and/or the Meharry Dental Clinic shall not exceed \$13,265,306 for State fiscal year 2006. At such time that Federal Regulations allow, TENNCARE may discontinue making supplemental pool payments through the CONTRACTOR during State fiscal year 2006.

All of the provisions of the original Agreement not specifically deleted or modified herein shall remain in full force and effect. Unless a provision contained in this Amendment specifically indicates a different effective date, for purposes of the provisions contained herein, this Amendment shall become effective as of the date it is approved by the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services.

IN WITNESS WHEREOF, the parties have by their duly authorized representatives set their signatures.

| STATE OF TENNESSEE DEPARTMENT OF FINANCE AND ADMINISTRATION | VOLUNTEER STATE HEALTH PLAN, INC.     |
|---|---------------------------------------|
| BY:   | BY:                                   |
| M. D. Goetz, Jr.<br>Commissioner                            | President and Chief Executive Officer |
| DATE:   | DATE:                                 |
|   |                                       |
| APPROVED BY:  | APPROVED BY:                          |
| STATE OF TENNESSEE  |                                       |
| DEPARTMENT OF FINANCE                                       | STATE OF TENNESSEE                    |
| AND ADMINISTRATION  | COMPTROLLER OF THE TREASURY           |
| BY:   | BY:                                   |
| M. D. Goetz, Jr.  | John G. Morgan                        |
| Commissioner  | Comptroller                           |
| DATE:   | DATE:                                 |

|  | •  |                                       |                                       |   |                                       |                                       |
|--|--|---------------------------------------|---------------------------------------|---|---------------------------------------|---------------------------------------|
|  | ······                                   | CONTR                                 | ACT SUMMARY                           | SHEET   |                                       |                                       |
| RFS Number:  | 318.66-026                               |                                       |                                       | Contract Number:                                  | FA-02-14632-13                        | 3                                     |
| State Agency:  | Department of Finance and Administration |                                       |                                       | Division:   | Bureau of TennCare                    | 1                                     |
|  | Co                                       | ontractor                             | · · · · · · · · · · · · · · · · · · · | Contr   | act identification                    | Number                                |
| VSHP (TennCa   |  |                                       |                                       | □ V- □ C-   |                                       |                                       |
|  | ····                                     |                                       | Service Description                   | <del></del>                                       |                                       |                                       |
| Managed Care   | Organization Service                     | es (ASO) / Medically                  | necessary Health Ca                   | re Services to the                                | TennCare / Med                        | icaid Population                      |
|  | Contra                                   | ct Begin Date                         |                                       |   | Contract End Da                       | te                                    |
| ,  |  | /1/2001                               |                                       |   | 12/31/2006                            |                                       |
| Allotment Code   | Cost Center                              | Object Code                           | Fund                                  | Grant   | Grant Code                            | Subgrant Code                         |
| 318.66   | 532                                      | 134                                   | 11                                    | ☐ STARS   |                                       | ·                                     |
| FY   | State Funds                              | Federal Funds                         | Interdepartmental<br>Funds            | Other Funding                                     | ALL ar                                | Amount (including nendments           |
| 2002   | \$ 6,755,937.23                          | \$ 11,843,931.25                      |                                       |   | \$                                    | 18,599,868.48                         |
| 2003   | \$ 15,785,123.40                         | \$ 17,294,819.40                      | · ·                                   |   | \$                                    | 33,079,942.80                         |
| 2004   | \$ 25,125,990.72                         | \$ 38,364,165.90                      |                                       |   | \$                                    | 63,490,156.62                         |
| 2005   | \$ 58,007,447.00                         | \$ 58,007,447.00                      |                                       |   | \$                                    | 116,014,894.00                        |
| 2006   | \$86,217,498.00                          | \$86,217,498.00                       |                                       |   |                                       | \$172,434,996.00                      |
| 2007   | \$29,003,723.50                          | \$29,003,723.50                       |                                       |   |                                       | \$58,007,447.00                       |
| Total:   | \$220,895,719.85                         | \$ 240,731,585.05                     |                                       |   | \$                                    | 461,627,304.90                        |
| CFDA#  | 93.778 Title XIX Dep                     | t. of Health &Human S                 | vcs.                                  |   | Check the box ON                      | Y if the answer is YES:               |
|  | State F                                  | iscal Contract                        |                                       | Is the Contractor a SUBRECIPIENT? (per OMB A-133) |                                       |                                       |
| Name:<br>Address:  | Scott Pierce<br>Great Circle Road        | `                                     | 310                                   | Is the Contractor a Vendor? (per OMB A-133)       |                                       |                                       |
| Phone:   | Nashville, TN<br>(615)507-6415           |                                       |                                       | is the Fiscal Year Fu                             | nding STRICTLY LIF                    | MITED?                                |
|  |  |                                       | :                                     | Is the Contractor on                              |                                       |                                       |
| · Pr   | ocuring Agency Bud                       | get Officer Approval S                | ignature                              |   |                                       | -02                                   |
| Scott Pierce   | CAHC                                     | Jh -                                  | <u> </u>                              | Is the Contractor's F                             |                                       |                                       |
|  | 901                                      | · · · · · · · · · · · · · · · · · · · |                                       | Is the Contractor's F                             |                                       |                                       |
|  | COMPLETE FOR A                           | ALL AMENDMENTS (o                     | nly)                                  | Pursuant to T.C.A., Se                            | Funding Certificat                    |                                       |
|  | •  | Base Contract & Prior  Amendments     | This Amendment ONLY                   |   |                                       |                                       |
|  |  |                                       |                                       |   | which this obligation is              |                                       |
| CONTRACT END DATE: 12/31/2006  FY: 2002 \$ 18,599,868.48 |  |                                       | required to be paid that              |   | cumbered to pay                       |                                       |
| FY: 2002   |  | \$ 33,079,942.80                      |                                       | obligations previously                            | incurred.                             |                                       |
| FY: 2004   | <del></del>                              | \$ 63,490,156.62                      |                                       | 1   |                                       |                                       |
| FY: 2005   |  | \$116,014,894.00                      |                                       |   | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · |
| FY: 2006   |  | \$116,014,894.00                      | \$56,420,102.00                       | 1   |                                       |                                       |
| FY: 2007   |  | \$58,007,447.00                       |                                       | 1   |                                       |                                       |
| 1 1 1 2001   | Total                                    | \$ 405,207,202,90                     | \$56,420,102.00                       |   |                                       |                                       |

**RECEIVED** 

APR 0 3 2006

FISCAL REVIEW

TOW MAR 28 MI II: 06

|                      |                                | CONTR                            | ACT SUMMARY         | SHEET             |         |   |                    |        |
|----------------------|--------------------------------|----------------------------------|---------------------|-------------------|---------|---|--------------------|--------|
| RFS Number:          | 318.66-026                     |                                  |                     | Contract Number   | er:     | FA-02-14632-12                                  | 2                  |        |
| State Agency:        | Department of Finance a        | and Administration               |                     | Division:         |         | Bureau of TennCare                              |                    |        |
|                      | Co                             | ontractor                        |                     | C                 | ontra   | act Identification I                            | Number             |        |
| VSHP (TennCa         | re Select)                     |                                  |                     | □ v.              |         |   |                    |        |
|                      |                                |                                  | Service Description |                   |         |   |                    |        |
| Managed Care         | Organization Servic            | es (ASO) / Medically             | necessary Health Ca | re Services to    | the '   | TennCare / Medi                                 | caid Population    | ) .    |
|                      | Contra                         | ct Begin Date                    |                     |                   |         | Contract End Dat                                | e                  |        |
|                      |                                | /1/2001                          |                     |                   |         | 12/31/2006                                      |                    |        |
| Allotment Code       | Cost Center                    | Object Code                      | Fund                | Grant             |         | Grant Code                                      | Subgrant Cod       | łe     |
| 318.66               | 532                            | 134                              | 11                  | ☐ STARS           |         |   |                    |        |
|                      |                                |                                  | Interdepartmental   |                   |         | Total Contract                                  | Amount (includ     | ing    |
| FY                   | State Funds                    | Federal Funds                    | Funds               | Other Fundi       | ing     | ALL an  | nendments          |        |
| 2002                 | \$ 6,755,937.23                | \$ 11,843,931.25                 |                     |                   |         | \$  | 18,599,868         | 8.48   |
| 2003                 |                                | \$ 17,294,819.40                 |                     |                   |         | \$  | 33,079,942         | 2.80   |
| 2004                 |                                | \$ 38,364,165.90                 |                     |                   |         | \$  | 63,490,150         | 6.62   |
| 2005                 | \$ 58,007,447.00               | \$ 58,007,447.00                 |                     |                   |         | \$  | 116,014,894        | 4.00   |
| 2006                 | \$58,007,447.00                | \$58,007,447.00                  |                     |                   |         |   | \$116,014,894      | 4.00   |
| 2007                 | \$29,003,723.50                | \$29,003,723.50                  |                     |                   |         |   | \$58,007,447       | 7.00   |
| Total:               |                                | \$ 212,521,534.05                |                     |                   |         | \$  | 405,207,202        | 2.90   |
| CFDA#                |                                | t. of Health &Human S            | vcs.                |                   |         | Check the box ONL                               | Y if the answer is | YES:   |
| 0.2.0                | <u> </u>                       | iscal Contract                   |                     | Is the Contracto  |         | UBRECIPIENT? (per                               |                    |        |
| Name:                | Scott Pierce                   |                                  | 310                 |                   |         |   | 400)               |        |
| Address:             | Great Circle Road              |                                  | +                   | is the Contracto  | or a v  | endor? (per OMB A-                              | -133)              |        |
| Phone:               | Nashville, TN<br>(615)507-6415 | •                                |                     | ls the Fiscal Ye  | ar Fu   | nding STRICTLY LIN                              | MITED?             | 1      |
| Pr                   |                                | get Officer Approval S           | ignature            | is the Contracto  |         |   |                    |        |
| Scott Pierce         | <b>\$</b>                      |                                  |                     | Is the Contracto  | or's F  | ORM W-9 ATTACHE                                 | D?                 |        |
|                      |                                |                                  |                     | is the Contracto  | or's F  | orm W-9 Filed with                              | Accounts?          | 1.     |
| ·                    | COMPLETE FOR                   | ALL AMENDMENTS (o                | nly)                |                   |         | unding Certificat                               |                    |        |
|                      |                                | Base Contract & Prior Amendments | This Amendment ONLY |                   |         | ection 9-6-113, I, M. I<br>nce and Administatio |                    | / that |
| CONTRA               | CT END DATE:                   | 12/31/2005                       | 12/31/2006          |                   |         | ne appropriation from                           |                    |        |
| FY: 2002             | CT END DATE:                   | \$ 18,599,868.48                 | TAIO IIZOOO         | required to be pa | aid tha | at is not otherwise en                          | _                  |        |
| FY: 2002<br>FY: 2003 |                                | \$ 33,079,942.80                 |                     | obligations previ | iously  | incurred.                                       | :                  |        |
| FY: 2004             |                                | \$ 63,490,156.62                 |                     | 1                 |         | •   | * *                |        |
| FY: 2005             | <del></del>                    | \$116,014,894.00                 |                     |                   |         |   |                    |        |
| FY: 2006             | <u> </u>                       | \$55,335,500.00                  | \$60,679,394.00     | 1                 |         |   |                    |        |
| FY: 2007             |                                | 400,000,000.00                   | \$58,007,447.00     |                   |         |   | ·                  |        |
|                      | Total                          | \$ 286 520 361.90                | \$118.686.841.00    |                   |         | ·   | •                  |        |

|                |                                | CONTR                  | SHEET                      |  |                         |                               |              |
|----------------|--------------------------------|------------------------|----------------------------|--|-------------------------|-------------------------------|--------------|
| RFS Number:    | 318.66-026                     |                        |                            | Contract Number:                       | ber: FA-02-14632-11     |                               |              |
| State Agency:  | Department of Finance a        | and Administration     |                            | Division:                              | Bureau of TennCare      |                               | ]            |
|                | C                              | ontractor              |                            |  | act Identification      | Number                        |              |
| VSHP (TennCa   | are Select)                    |                        |                            | □ V-                                   |                         |                               |              |
|                |                                |                        | Service Description        |  | <u> </u>                |                               |              |
| Managed Care   | Organization Service           | ces (ASO) / Medically  | necessary Health Ca        | re Services to the                     | TennCare / Medi         | caid Population               | ,            |
|                | Contra                         | act Begin Date         |                            |  | Contract End Date       | te                            |              |
|                | 7                              | 7/1/2001               |                            |  | 12/31/2005              |                               |              |
| Allotment Code | Cost Center                    | Object Code            | Fund                       | Grant                                  | Grant Code              | Subgrant Code                 | е            |
| 318.66         | 532                            | 134                    | 11                         | ☐ STARS                                |                         |                               |              |
| FY             | State Funds                    | Federal Funds          | Interdepartmental<br>Funds | Other Funding                          |                         | Amount (includir<br>nendments | ng           |
| 2002           | \$ 6,755,937.23                | \$ 11,843,931.25       |                            |  | \$                      | 18,599,868                    | .48          |
| 2003           | \$ 15,785,123.40               | \$ 17,294,819.40       |                            |  | \$                      | 33,079,942                    | .80          |
| 2004           | \$ 25,125,990.72               | \$ 38,364,165.90       |                            |  | \$                      | 63,490,156                    | .62          |
| 2005           | \$ 58,007,447.00               | \$ 58,007,447.00       |                            |  | \$                      | 116,014,894                   |              |
| 2006           | \$27,667,750.00                | \$ 27,667,750.00       |                            |  | \$                      | 55,335,500                    | _            |
| Total:         | \$ 133,342,248.35              | \$ 153,178,113.55      |                            |  | \$                      | 286,520,361                   | .90          |
| CFDA#          | 93.778 Title XIX Dep           | t. of Health &Human S  | vcs.                       |  | Check the box ONI       | Y if the answer is `          | YES:         |
|                | State F                        | iscal Contract         |                            | is the Contractor a S                  | UBRECIPIENT? (pe        | OMB A-133)                    |              |
| Name:          | Dean Daniel                    |                        |                            |  | and the OMD A           | 400\                          |              |
| Address:       | 729 Church Street              |                        |                            | Is the Contractor a V                  | endorr (per OMB A       | -133)                         | <del> </del> |
| Phone:         | Nashville, TN<br>(615)532-1362 |                        |                            | Is the Fiscal Year Fu                  | nding STRICTLY LIF      | MITED?                        |              |
| Pr             |                                | get Officer Approval S | ignature                   | Is the Contractor on                   | STARS?                  |                               |              |
| Scott Pierce   |                                |                        |                            | Is the Contractor's FORM W-9 ATTACHED? |                         |                               |              |
| Scott Pierce   | ·                              |                        |                            | Is the Contractor's F                  | orm W-9 Filed with .    | Accounts?                     |              |
| _              | COMPLETE FOR                   | ALL AMENDMENTS (o      |                            |  | Funding Certificat      |                               |              |
|                |                                | Base Contract & Prior  |                            | Pursuant to T.C.A., Se                 | ection 9-6-113, I, M. I | D. Goetz, Jr.,                | 414          |
|                |                                | Amendments             | This Amendment ONLY        | there is a balance in t                |                         |                               |              |
|                | CT END DATE:                   | 12/31/2005             |                            | required to be paid that               | * * * *                 |                               |              |
| FY: 2002       |                                | \$ 18,599,868.48       |                            | obligations previously                 |                         |                               |              |
| FY: 2003       |                                | \$ 33,079,942.80       |                            |  |                         |                               |              |
| FY: 2004       |                                | \$ 63,490,156.62       |                            |  | <del> </del>            | <del>_</del>                  |              |
| FY: 2005       |                                | \$116,014,894.00       |                            | 4                                      |                         |                               |              |
| FY: 2006       | <b>PP _ 4</b> . 1.             | \$55,335,500.00        |                            | 1                                      |                         |                               |              |
| ļ              | Total:                         | \$ 286,520,361.90      | 1                          |  |                         |                               |              |

| 2-10                                     |
|--|
|  |
| Care                                     |
| ion Number                               |
|  |
| <u> </u>                                 |
| Medicaid Population                      |
| d Date                                   |
| 05                                       |
|  |
| le Subgrant Code                         |
|  |
| t the sint (including                    |
| tract Amount (including<br>LL amendments |
| 18,599,868.48                            |
| 33,079,942.80                            |
| 63,490,156.62                            |
| 116,014,886.00                           |
| 55,335,500.00                            |
| 286,520,353.9                            |
| ox ONLY if the answer is YE              |
|  |
| T? (per OMB A-133)                       |
|  |
| OMB A-133)                               |
| TLY LIMITED?                             |
|  |
|  |
| TACHED?                                  |
| d with Accounts?                         |
| rtification                              |
| 3, I, M. D. Goetz, Jr.,                  |
| ninistation, do hereby certify the       |
| rwise encumbered to pay                  |
| •  |
|  |
|  |
|  |
|  |
|  |
|  |

|  | <u>, , , , , , , , , , , , , , , , , , , </u> | CONTRA                                 | CT SUMMARY          | SHEET  |   | ,  |  |  |
|--|---|--|---------------------|--|---|--|--|--|
|  | 318,56-0Z6                                    |  |                     | Centract Number:                             | FA-02-14632-09                                    |  |  |  |
|  | 10-14-17-1                                    | 4 6 deministration                     | •                   | Division:                                    | Bureau of TennOera                                |  |  |  |
| te Agency:                               | Department of Finance an                      | id Administration                      | <u> </u>            | Cont   | ract Identification I                             | Number   |  |  |
|  | Co  | ntractor                               |                     | V  |   | -  |  |  |
| SHP (TennCa                              | re Select)                                    | ,                                      |                     | □ c-   |   |  |  |  |
|  |   |  | service Description | Services to the                              | e TennCare / Medi                                 | caid Population  |  |  |
| anaged Care                              |   | es (ASO) / Medically r                 | ecessary Health G   | TIE SELVICES TO THE                          | Contract End Da                                   | te   |  |  |
|  | Contra  | ct Begin Date                          |                     |  | 12/31/2005  |  |  |  |
| w. · · · · · · · · · · · · · · · · · · · | 7.  | /1/2001                                |                     |  |   | ·  |  |  |
|  |   | Object Code                            | Fund                | Grant  | Grant Code  | Subgrant Code  |  |  |
| Allotment Code                           | Cost Center                                   |  | 11                  | STARS  |   | \ .  |  |  |
| 318.68                                   | 532   | 134                                    | interdepartmental   |  |   | t Amount (Including<br>mendments   |  |  |
| FY                                       | State Funds                                   | Federal Funds                          | Funds               | Other Funding                                | \$  | 18,599,868.48  |  |  |
| 2002                                     | \$ 6,755,937.23                               | \$ 11,843,931.25                       |                     |  | \$  | 33,079,942.80  |  |  |
| 2003                                     | \$ 15,785,123.40                              | \$ 17,294,819.40                       |                     |  | \$  | 63,490,156.62  |  |  |
| 2004                                     | \$ 25,125,990.72                              | \$ 38,364,165.90                       |                     | <del></del>                                  | \$  | 110,671,000.00   |  |  |
| 2005                                     | \$ 55,335,500.00                              | \$ 55,335,500 <u>.00</u>               |                     |  | \$  | 55,335,500.00  |  |  |
| 2006                                     | \$26,667,750.00                               | \$ 26,667,750.00                       |                     |  | \$  | 281,176,467.90   |  |  |
| Tota                                     |   | \$ 149,506,168.55                      |                     |  | Check the box O                                   | NLY if the answer is YES   |  |  |
| CFDA#                                    |   | 93.778                                 |                     |  |   |  |  |  |
| <u> </u>                                 | State   | Fiscal Contract                        |                     |  | a SUBRECIPIENT? (p                                | 1  |  |  |
| lame:                                    | Dean Daniel                                   | ,                                      |                     | is the Contractor                            | a Vendor? (per OMB                                | A-133)   |  |  |
| Address:                                 | 729 Church Street                             |  |                     | -  |   |  |  |  |
| Phone:                                   | Nashville, TN                                 | •                                      | •                   | is the Fiscal Year Funding STRICTLY LIMITED? |   |  |  |  |
|  | (615)532-1362                                 |  | Sianatura           | is the Contractor                            | is the Contractor on STARS?                       |  |  |  |
|  | Procuring Agency Bu                           | dget Officer Approval                  | arginacuro          |  | is the Contractor's FORM W-S ATTACHED?            |  |  |  |
| Scott Plesce                             | ( 1/10  | War-                                   |                     | is the Contracto                             | is the Contractor's Form W-9 Filed with Accounts? |  |  |  |
|  | X   | ALLENSACHTO (                          | aniv)               |  | Funding Certifi                                   | cation   |  |  |
|  | COMPLETE FOR                                  | ALL AMENDMENTS ( Base Contract & Prior | ·                   | Pursuant to T.C.,                            | A., Section 9-6-113, I, I                         | M. D. GOBLE, Jr.,<br>allow do hereby certify thi                                     |  |  |
|  |   | Amendments                             | This Amendment Of   | LY Commissioner of                           | , in the appropriation (                          | ation, do hereby certify the<br>rom which this obligation is<br>a protembared to pay |  |  |
|  | RACT END DATE:                                | 12/31/2004                             | 12/31/2005          | required to be be                            | ild that is not otherwise                         | encumbered to pay  |  |  |
|  | KAUI END DATE:                                | \$ 18,599,868.48                       |                     | obligations previ                            | ously incurred.                                   |  |  |  |
| FY: 2002                                 |   | \$ 33,079,942.80                       |                     |  |   |  |  |  |
| FY: 2003<br>FY: 2004                     |   | \$ 63,490,156.62                       | 2                   |  | <u> </u>  |  |  |  |
| FY: 2004                                 | t   | \$39,155,080.00                        | \$71,515,920        | .00  |   |  |  |  |
| FY: 2008                                 |   |  | \$55,335,50         | 0.00   |   |  |  |  |
| F 1: 2000                                | Tab   | al: \$ 154,325,047.9                   | 5 \$ 126,851,420    | .00  | •   |  |  |  |

|                    |  | CONTR                               | ACT SUMMARY                | SHEET   |                    |   |  |
|--------------------|--|-------------------------------------|----------------------------|---|--------------------|---|--|
| RFS Number:        | 318.66-026                               |                                     |                            | Contract Number:                                  | FA-02-14632-08     |   |  |
| State Agency:      | Department of Finance                    | and Administration                  |                            | Division:   | Bureau of TennCar  | e   |  |
|                    | C  | Contractor                          |                            | Contr   | act identification | Number                                      |  |
| VSHP (TennCa       | are Select)                              |                                     |                            |   | -                  |   |  |
| ₽                  |  |                                     | Service Description        |   |                    |   |  |
| Managed Care       | Organization Servi                       | ces (ASO) / Medically               | necessary Health Ca        | are Services to the                               | TennCare / Med     | icaid Population                            |  |
|                    | Contra                                   | act Begin Date                      |                            |   | Contract End Da    | te  |  |
|                    |  | 7/1/2001                            |                            |   | 12/31/2004         |   |  |
| Allotment Code     | Cost Center                              | Object Code                         | Fund                       | Grant   | Grant Code         | Subgrant Code                               |  |
| 318.66             | 532                                      | 134                                 | 11                         | ☐ STARS   |                    |   |  |
| FY                 | State Funds                              | Federal Funds                       | Interdepartmental<br>Funds | Other Funding                                     |                    | Amount (including nendments                 |  |
| 2002               | \$ 6,755,937.23                          | \$ 11,843,931.25                    | 1                          |   | \$                 | 18,599,868.48                               |  |
| 2003               | \$ 15,785,123.40                         | \$ 17,294,819.40                    | ·                          |   | \$                 | 33,079,942.80                               |  |
| 2004               | \$ 25,125,990.72                         | \$ 38,364,165.90                    |                            | ·   | \$                 | 63,490,156.62                               |  |
| 2005               | \$ 13,935,109.85                         | \$ 25,219,978.15                    |                            |   | \$                 | 39,155,088.00                               |  |
|                    | A 04 000 404 00                          | <b>A A B B B B B B B B B B</b>      |                            |   |                    |   |  |
| Total:             | \$ 61,602,161.20                         | \$ 92,722,894.70                    |                            |   | \$                 | 154,325,055.90                              |  |
| CFDA#              |  | 93.778                              | <del></del>                |   | Check the box ONI  | Y if the answer is YES                      |  |
|                    | State F                                  | Fiscal Contract                     |                            | Is the Contractor a SUBRECIPIENT? (per OMB A-133) |                    |   |  |
| Name:              | Dean Daniel                              | • .                                 |                            | - 4b- C44   |                    | 100)  |  |
| Address:<br>Phone: | 729 Church Street<br>Nashville, TN       |                                     | •                          | is the Contractor a Ve                            | endorr (per OMB-A- | -133)                                       |  |
| i none.            | (615)532-1362                            |                                     |                            | Is the Fiscal Year Fur                            | nding STRICTLY LIN | AITED?                                      |  |
| <u>.</u> Pr        | ocuring Agency Bud                       | get Officer Approval S              | ignature                   | Is the Contractor on STARS?                       |                    |   |  |
| Scott-Pierce-      | Kuth &                                   | 1- Alex                             |                            | Is the Contractor's FORM W-9 ATTACHED?            |                    |   |  |
|                    | June V                                   | an                                  | •                          | Is the Contractor's Fo                            | orm W-9 Filed with | Accounts?                                   |  |
|                    | COMPLETE FOR                             | ALL AMENDMENTS (o                   | nly)                       |   | unding Certificat  |   |  |
| ;                  |  | Base Contract & Prior<br>Amendments | This Amendment ONLY        | Pursuant to T.C.A., Se<br>Commissioner of Finan   |                    | D. Goetz, Jr.,<br>n, do hereby certify that |  |
| CONTRAC            | CT END DATE:                             |                                     |                            |   |                    | which this obligation is                    |  |
| FY: 2002           | •  | \$ 18,599,868.48                    |                            | required to be paid tha                           |                    | cumbered to pay                             |  |
| FY: 2003           |  | \$ 33,079,942.80                    | <del></del>                | obligations previously i                          | incurred.          |   |  |
| FY: 2004           |  | \$ 63,490,156.62                    |                            | 1   |                    |   |  |
| FY: 2005           |  | \$ 34,094,974.00                    | \$5,060,114.00             |   |                    |   |  |
| FY:                |  |                                     |                            |   |                    |   |  |
|                    | Total: \$ 149,264,941.90 \$ 5,060,114.00 |                                     |                            |   |                    |   |  |

PECENTED

OCT 2 6 2004

Office of Contracts Review

| -                  |                                    | CONTRA                                  | ACT SUMMARY         | SHEET  |   |  |
|--------------------|------------------------------------|---|---------------------|--|---|--|
| RFS Number:        | 318.66-026                         |   |                     | Contract Number: FA-02-14632-07  |   | 7  |
| State Agency:      | Department of Finance a            | and Administration                      |                     | Division:  | Bureau of TennCare  | e .  |
|                    | ·                                  | ontractor                               |                     | Contr  | act Identification  | Number   |
|                    |                                    | Sitt dotor                              |                     | V-   |   | <del></del>  |
| /SHP (TennCa       | are Select)                        |   |                     | □ c-   | <u>,</u>  |  |
|                    |                                    | 4                                       | Service Description |  |   |  |
| Managed Care       | Organization Service               | es (ASO) / Medically                    | necessary Health C  | are Services to the  | TennCare / Med  | icaid Population   |
|                    | Contra                             | oct Begin Date                          |                     |  | Contract End Da   | te   |
|                    | 7                                  | 7/1/2001                                |                     |  | 12/31/2004  | · · · · · · · · · · · · · · · · · · ·  |
| Aliotment Code     | Cost Center                        | Object Code                             | Fund                | Grant  | Grant Code  | Subgrant Code  |
| 318.66             | 532                                | 134                                     | 11                  | ☐ STARS  |   |  |
|                    | <u> </u>                           |   | interdepartmental   |  | 1   | t Amount (including  |
| FY                 | State Funds                        | Federal Funds                           | Funds               | Other Funding  |   | mendments  |
| 2002               | \$ 6,755,937.23                    | \$ 11,843,931.25                        |                     |  | \$  | 18,599,868.48  |
| 2003               | \$ 15,785,123.40                   | \$ 17,294,819.40                        |                     |  | \$  | 33,079,942.80  |
| 2004               | \$ 25,125,990.72                   | \$ 38,364,165.90                        |                     |  | \$  | 63,490,156.62  |
| 2005               | \$ 12,121,615.63                   | \$ 21,973,358.37                        |                     |  | \$  | 34,094,974.00  |
|                    | <u> </u>                           | , |                     |  |   |  |
| Total              | : \$ 59,788,666.98                 | \$ 89,476,274.92                        |                     |  | \$  | 149,264,941.90   |
| CFDA#              |                                    | 93.778                                  |                     |  | Check the box ON  | ILY if the answer is YE  |
| <u> </u>           | State                              | Fiscal Contract                         |                     | is the Contractor a  | SUBRECIPIENT? (p  | er OMB A-133)  |
| Name:              | Dean Daniel                        | 1                                       |                     | is the Contractor a Vendor? (per OMB A-133)  |   |  |
| Address:<br>Phone: | 729 Church Street<br>Nashville, TN |   |                     | is the Fiscal Year Funding STRICTLY LIMITED?   |   |  |
|                    | (615)532-1362                      | dget Officer Approval                   | Signature           | Is the Contractor on STARS?  |   |  |
| <u> </u>           | Procuring Agency But               | Oger Briter Approva                     | )                   |  | FORM W-9 ATTACH   | IED2   |
| Dean Daniel        | 1)em                               | 4 anies                                 | < 6/24/04           | /  | Form W-9 Filed with   |  |
|                    | COMPLETE FOR                       | ALL AMENDMENTS (                        |                     | · .  | Funding Certific  |  |
|                    |                                    | Base Contract & Prior                   | · 1                 | Pursuant to T.C.A.,  | Section 9-6-113, I, M   | . D. Goetz, Jr.,   |
| <u></u>            |                                    | Amendments                              | This Amendment ONI  | Commissioner of Fi   | nance and Administa   | tion, do hereby certify the  |
| CONTR              | ACT END DATE:                      |   |                     | there is a palance if  | n the appropriation fro<br>that is not otherwise (  | m which this obligation is   |
| FY: 2002           |                                    | \$ 18,599,868.48                        |                     | obligations previous   |   | situamberea to pay   |
| FY: 2003           |                                    | \$ 33,079,942.80                        |                     | Bullgations protises   |   |  |
| FY: 2004           |                                    | \$ 63,490,156.62                        |                     |  | <u></u> -   |  |
| FY: 2005           |                                    | \$ 34,094,974.00                        |                     |  |   |  |
| FY: .              |                                    |   |                     |  |   |  |
|                    | Tota                               | I: \$ 149,264,941 <i>.</i> 90           | ) \$                |  |   | <del>.</del>   |
|                    | _ <del>-</del>                     | ,                                       |                     |  |   |  |
|                    |                                    |   |                     |  |   | MANAGE TO THE STATE OF THE STAT |
| •                  |                                    | •                                       |                     |  | t,<br>I;  | MAIN PROS.   |
| •                  |                                    |   |                     |  | į.  | ECEIVE   |
|                    |                                    |   |                     |  | <u> </u>  |  |
|                    |                                    | •                                       |                     |  | £.1   | Dispose Property   |
|                    |                                    |   | •                   | •  | 1   |  |
|                    | •                                  |   |                     | a female   | Alternation of the control of the | E W III  |
|                    |                                    |   |                     | The state of the s | C   | OFFICE OF  |
|                    |                                    |   | 7                   | The first war  | - ;   | Cri  |
|                    |                                    |   | F                   | Na admir   |   |  |

ESECULE IN SECULE COMMENT

RECEIVED
7001 JUN 28 PM 3-25

|                |                                    | CONTRA                               | ACT SUMMARY         | SHEET  |   |  |  |
|----------------|------------------------------------|--------------------------------------|---------------------|--|---|--|--|
| RFS Number:    | 318.66-026                         |                                      |                     | Contract Number:                             | FA-02-14632-06  |  |  |
| State Agency:  | Department of Finance a            | Division: Bureau of Tenn Care        |                     |  |   |  |  |
|                | Co                                 | ontractor                            |                     |  | act Identification N  | lumber   |  |
| VSHP (TennCa   | are Select)                        |                                      |                     | V-<br>C-                                     |   | ·  |  |
|                | 6                                  |                                      | Service Description | <del></del>                                  |   | ·  |  |
| Managed Care   | e Organization Service             | es (ASO) / Medically                 | necessary Health Ca | are Services to the                          |   |  |  |
|                | Contra                             | ct Begin Date                        |                     | ,  | Contract End Dat  | <u> </u>   |  |
|                | 7                                  | 7/1/2001                             |                     | ,  | 12/31/2004  |  |  |
| Allotment Code | Cost Center                        | Object Code                          | Fund                | Grant_                                       | Grant Code  | Subgrant Code  |  |
| 318.66         | 839                                | 134                                  | 11 .                | ☐ STARS                                      |   |  |  |
|                |                                    |                                      | Interdepartmental   |  |   | Amount (including  |  |
| FY             | State Funds                        | Federal Funds                        | Funds               | Other Funding                                | \$ ALL an   | nendments<br>18,599,868.48   |  |
| 2002           | \$ 6,755,937.23                    | \$ 11,843,931.25                     |                     |  | \$  | 33,079,942.80  |  |
| 2003           | \$ 15,785,123.40                   | \$ 17,294,819.40                     |                     |  | \$  | 63,490,156.62  |  |
| 2004           | \$ 25,125,990.72                   | \$ 38,364,165.90<br>\$ 21,973,358.37 | ' '                 | <u> </u>                                     | \$  | 34,094,974.00  |  |
| 2005           | \$ 12,121,615.63                   | \$ 21,973,350.57                     |                     |  |   |  |  |
| Total          | 1: \$ 59,788,666.98                | \$ 89,476,274.92                     |                     |  | \$  | 149,264,941.9  |  |
| CFDA#          | 1. \$ 53,700,000.00                | 93.778                               | <u> </u>            |  | Check the box ONI   | Y If the answer is YE  |  |
| CLDA#          | State 1                            | Fiscal Contract                      | ·····               | Is the Contractor a                          | SUBRECIPIENT? (pe   | r OMB A-133)   |  |
| Name:          | Dean Daniel                        | Isoar Contract                       |                     |  | Vendor? (per OMB A  |  |  |
| Address:       | 729 Church Street<br>Nashville, TN |                                      | •                   | <del></del>                                  |   |  |  |
| Phone:         | (615)532-1362                      | `                                    |                     | Is the Fiscal Year Funding STRICTLY LIMITED? |   |  |  |
| · F            | Procuring Agency Bud               | iget Officer Approval                | Signature           | Is the Contractor or                         | STARS?  |  |  |
| Dean Daniel    | Oans 1                             |                                      | in lastes           |  | FORM W-9 ATTACHI  |  |  |
|                | Wear                               | rumen -                              | 12/23/03            | Is the Contractor's                          | Form W-9 Filed with   |  |  |
|                | COMPLETE FOR                       |                                      |                     |  | Funding Certifica<br>Section 9-6-113, I, M.   | tion<br>D. Gootz, Ir   |  |
|                | <del></del>                        | Base Contract & Prior Amendments     | This Amendment ONL  | Y ICommissioner of Fir                       | section 9-6-1 13, 1, IVI.<br>nance and Administati  | on, do hereby certify th   |  |
| CONTR          | ACT END DATE:                      |                                      |                     | there is a balance in                        | the appropriation from  | n which this obligation i  |  |
| FY: 2002       |                                    | \$ 18,599,868.48                     |                     | required to be paid to obligations previous  | hat is not otherwise er   | ncumbered to pay   |  |
| FY: 2003       |                                    | \$ 33,079,942.80                     |                     |  | y mouncu.   |  |  |
| FY: 2004       |                                    | \$ 29,395,182.62                     |                     |  |   |  |  |
| FY: 2005       |                                    |                                      | \$ 34,094,974.0     | <u> </u>                                     | . •   | •  |  |
| FY:            |                                    | M 04 074 000 00                      | 6 60 400 DAD D      | <del>,  </del>                               |   | n  |  |
|                | Total                              | : \$ 81,074,993.90                   | \$ 68,189,948.0     | <u></u>                                      | دم ويس<br>دانس  | to the second  |  |
|                |                                    |                                      |                     |  |   |  |  |
|                |                                    |                                      |                     |  | · · · · · · · · · · · · · · · · · · ·   |  |  |
|                | ,                                  | •                                    |                     | •  | entre de la companya | 1  |  |
|                |                                    |                                      |                     |  |   |  |  |
|                | •                                  |                                      |                     |  | <u> </u>  | Appendix   |  |
|                |                                    |                                      |                     |  |   | f  |  |
|                |                                    | •                                    | •                   |  | (**)<br>(**)  | The State of the S |  |
|                |                                    |                                      |                     |  | 1.7.2<br>1.7.2  | Value (Constitution of the Constitution of the |  |
|                |                                    | *                                    | -                   |  |   |  |  |

|                                  |                                       |                                      |                                     | ····  |                    |  |  |
|----------------------------------|---------------------------------------|--------------------------------------|-------------------------------------|---|--------------------|--|--|
|                                  |                                       | CONTR                                | RACT SUMMARY                        | SHEET   |                    |  |  |
| RFS Number:                      | 318.66-026                            |                                      |                                     | Contract Number:                                  | FA-02-14632-05     |  |  |
| State Agency:                    | Department of Finance                 | and Administration                   |                                     | Division: Bureau of TennCare                      |                    |  |  |
|                                  | C                                     | Contractor                           |                                     | Contr   | act Identification | Number                                       |  |
| VSHP (TennCa                     | are Select)                           |                                      |                                     | □ v-<br>□ c-                                      |                    |  |  |
|                                  |                                       |                                      | Service Description                 | G.  |                    |  |  |
| Managed Care                     | Organization Service                  | ces (ASO) / Medically                | necessary Health Ca                 | are Services to the                               | TennCare / Med     | icald Population                             |  |
|                                  | Contra                                | act Begin Date                       |                                     |   | Contract End Da    | te   |  |
|                                  | ;                                     | 7/1/2001                             |                                     |   | 12/31/2003         |  |  |
| Allotment Code                   | Cost Center                           | Object Code                          | Fund                                | Grant   | Grant Code         | Subgrant Code                                |  |
| 318.66                           | 839                                   | 134                                  | 11                                  | ☐ STARS   |                    | '  |  |
|                                  |                                       |                                      | Interdepartmental                   | Other Francisco                                   | i .                | Amount (including                            |  |
| FY                               | State Funds                           | Federal Funds                        | Funds                               | Other Funding                                     | ALL ar             | nendments<br>18,599,868.48                   |  |
| 2002                             | \$ 6,755,937.23<br>\$ 15,785,123.40   | \$ 11,843,931.25<br>\$ 17,294,819.40 | ACD DEL                             | EASED   | \$                 | 33,079,942.80                                |  |
| 2004                             | \$ 13,004,375.09                      | \$ 16,390,807.53                     |                                     | I / N. / I kor/                                   | \$                 | 29,395,182.62                                |  |
| 2007                             | Ψ 10,004,010.00                       | Ψ 10,000,007.00                      | DEO 1 E                             | 2002  | T                  |  |  |
|                                  |                                       |                                      | DEC 1 5                             | 2003  |                    |  |  |
| Total:                           | \$ 35,545,435.72                      | \$ 45,529,558.18                     |                                     |   | \$                 | 81,074,993.90                                |  |
| CFDA#                            |                                       | 93,778                               | TO ACC                              | DUNIS   | Check the box ONI  | Y if the answer is YES:                      |  |
|                                  | State I                               | Fiscal Contract                      | ., .                                | Is the Contractor a S                             | UBRECIPIENT? (pe   | r OMB A-133)                                 |  |
| Name:<br>Address:                | Dean Daniel<br>729 Church Street      |                                      |                                     | is the Contractor a V                             |                    |  |  |
| Phone:                           | Nashville, TN<br>(615)532-1362        | · · ·                                |                                     | Is the Fiscal Year Funding STRICTLY LIMITED?      |                    |  |  |
| Pr                               | ocuring Agency Bud                    | lget Officer Approval S              | Signature                           | Is the Contractor on                              | STARS?             |  |  |
| Dean Daniel                      |                                       | h-4-5 ()                             | Is the Contractor's FORM W-9 ATTACH |   | ORM W-9 ATTACHE    | :D?  |  |
| 1                                | war in                                |                                      | 12/11/03                            | is the Contractor's Form W-9 Filed with Accounts? |                    |  |  |
|                                  | COMPLETE FOR                          | ALL AMENDMENTS (c                    | only) /                             | Funding Certification                             |                    |  |  |
| Base Contract & Prior Amendments |                                       |                                      | This Amendment ONLY                 | Pursuant to T.C.A., Se                            |                    | D. Goetz, Jr.,<br>on, do hereby certify that |  |
| CONTRA                           | CT END DATE:                          | T (I)OT(CITIONS                      |                                     |   |                    | which this obligation is                     |  |
| FY: 2002                         | •                                     | \$ 18,599,868.48                     |                                     | required to be paid that                          |                    | cumbered to pay                              |  |
| FY: 2003                         |                                       | \$ 33,079,942.80                     | ·                                   | obligations previously                            | incurred.          |  |  |
| FY: 2004                         | · · · · · · · · · · · · · · · · · · · | \$ 24,372,429.50                     | \$ 5,022,753.12                     | Surlect 1.  | 2-9-03             | <u> </u>                                     |  |
| FY:                              |                                       |                                      |                                     |   | -                  |  |  |
| FY:                              |                                       |                                      |                                     | <b>.</b>  |                    |  |  |
|                                  | Total:                                | \$ 76,052,240,78                     | \$ 5.022.753.12                     |   |                    |  |  |

RECEIVED DEC 1 1 2003

Office of Contracts Review

| The state of the s |                                |                                      |                            | <del></del>                            |  | <u> </u>                    |  |  |
|--|--------------------------------|--------------------------------------|----------------------------|--|--|-----------------------------|--|--|
| f  |                                | CONTRA                               | ACT SUMMARY                | SHEET                                  |  | <u> </u>                    |  |  |
| RFS Number:  | 318.66 -                       | 026                                  |                            | Contract Number:                       | FA-02-14632-04                                 |                             |  |  |
| State Agency:  |                                |                                      |                            | Division:                              | Division: Bureau of TennCare                   |                             |  |  |
|  | Cr                             | ontractor                            |                            | Contr                                  | act Identification I                           | lumber                      |  |  |
| VSHP (TennCa   | re Select)                     | 6                                    |                            |  |  |                             |  |  |
|  | . 1                            |                                      | Service Description        |  |  |                             |  |  |
| Managed Care   | Organization Service           | es (ASO) / Medically                 | necessary Health C         | are Services to the                    | TennCare / Medi                                | caid Population             |  |  |
|  |                                | act Begin Date                       |                            |  | Contract End Dat                               | e                           |  |  |
|  |                                | 7/1/2001                             |                            |  | 12/31/2003                                     |                             |  |  |
| Allotment Code   | Cost Center                    | Object Code                          | Fund                       | Grant                                  | Grant Code                                     | Subgrant Code               |  |  |
| 318.66   | 839                            | 134                                  | 11                         | ☐ STARS                                |  |                             |  |  |
| FY   | State Funds                    | Federal Funds                        | interdepartmental<br>Funds | Other Funding                          | ALL ar   | Amount (including nendments |  |  |
| 2002   | \$ 6,755,937.23                | \$ 11,843,931.25                     |                            |  | \$   | 18,599,868.4                |  |  |
| 2003   | \$ 15,785,123.40               | \$ 17,294,819.40                     |                            |  | \$   | 33,079,942.8                |  |  |
| 2004   | \$ 11,153,919.98               | \$ 13,218,509.53                     |                            |  | \$   | 24,372,429.5                |  |  |
|  |                                |                                      |                            |  |  |                             |  |  |
|  |                                |                                      | <u> </u>                   | <del> </del>                           | <del> </del>  \$                               | 76,052,240.7                |  |  |
| Total:   | \$ 33,694,980.61               | \$ 42,357,260.18                     | <u> </u>                   | <del></del>                            |  | LY if the answer is Y       |  |  |
| CFDA#  |                                | 93,778                               |                            |  |  | <del></del>                 |  |  |
|  | State                          | Fiscal Contract                      |                            | Is the Contractor a                    | SUBRECIPIENT? (pe                              | r OMB A-133)                |  |  |
| Name:  | Dean Daniel                    |                                      |                            | is the Contractor a                    | Vendor? (per OMB A                             | ·-133)                      |  |  |
| Address:   | 729 Church Street              | •                                    | •                          |  | •  | . 1                         |  |  |
| Phone:   | Nashville, TN<br>(615)532-1362 |                                      |                            | is the Fiscal Year F                   | unding STRICTLY LI                             | MITED?                      |  |  |
| D  |                                | dget Officer Approval                | Signature                  | is the Contractor o                    | n STARS?                                       |                             |  |  |
| <del>/</del>   | Todaning Agency                | •                                    |                            | Is the Contractor's FORM W-9 ATTACHED? |  |                             |  |  |
| Dean Daniel  | 1ean                           | Warrel                               | 11/140                     | *2                                     | Form W-9 Filed with                            | Accounts?                   |  |  |
|  | COMPLETE FOR                   | ALL AMENDMENTS (                     | only)                      |  | Funding Certifica                              | ition                       |  |  |
| <del>-</del>   |                                | Base Contract & Prior                |                            | Pursuant to T.C.A.,                    | Section 9-6-113, I, M.<br>nance and Administat | D. Goetz, Jr.,              |  |  |
| <u> </u>   |                                | Amendments                           | This Amendment ON          | there is a balance in                  | nance and Administration from                  | m which this obligation     |  |  |
|  | ACT END DATE:                  | e 40 con peo 40                      |                            | required to be paid                    | that is not otherwise e                        | ncumbered to pay            |  |  |
| FY: 2002   | ·                              | \$ 18,599,868.48<br>\$ 33,079,942.80 |                            | obligations previous                   | sly incurred.                                  |                             |  |  |
| FY: 2003   |                                | \$ 33,079,942.80<br>\$ 18,366,944.50 |                            | 00                                     |  |                             |  |  |
| FY: 2004   | <u></u>                        | φ 10,300,344.30                      | 0,000,1001                 |  |  |                             |  |  |
| FY:  | <u> </u>                       | <del></del>                          | <del> </del>               | $\neg$                                 |  |                             |  |  |
|  | Tota                           | 1: \$ 70,046,755.78                  | \$ 6,005,485.0             | 00                                     |  | ,                           |  |  |
|  | . 0,14                         |                                      |                            |  |  |                             |  |  |

| •                  |                                | CONTRA                              | ACT SUMMARY S              | SHEET   | T  | · · · · · · · · · · · · · · · · · · · |  |
|--------------------|--------------------------------|-------------------------------------|----------------------------|---|--|---------------------------------------|--|
| RFS Number:        | 319-66-026                     |                                     |                            | Contract Number:                                  | FA-02-14632-03   |                                       |  |
| State Agency:      | Department of Finance a        | and Administration                  |                            | Division:   | Bureau of TennCare   |                                       |  |
|                    | <u> </u>                       | ontractor                           |                            | Conti   | act Identification I   | Number                                |  |
| VSHP (TennCa       |                                |                                     |                            | v.<br>□ °c.                                       |  | (                                     |  |
|                    |                                |                                     | Service Description        |   |  |                                       |  |
| Managed Care       | Organization Service           | ces (ASO) / Medically               | necessary Health Ca        | ire Services to the                               | TennCare / Medi  | caid Population                       |  |
|                    | Contra                         | act Begin Date                      |                            |   | Contract End Dat   | <u>te</u>                             |  |
|                    |                                | 7/1/2001                            |                            |   | 12/31/2003   |                                       |  |
| Allotment Code     | Cost Center                    | Object Code                         | Fund                       | Grant   | Grant Code   | Subgrant Code                         |  |
| 318.66             |                                | 134                                 | 11                         | ☐ STARS   |  |                                       |  |
| FY                 | State Funds                    | Federal Funds                       | Interdepartmental<br>Funds | Other Funding                                     | Total Contract Amount (including<br>ALL amendments                               |                                       |  |
| 2002               | \$ 6,755,937.23                | \$ 11,843,931.25                    |                            |   | \$   | 18,599,868.4                          |  |
| 2003               | \$ 15,785,123.40               | \$ 17,294,819.40                    |                            |   | \$   | 33,079,942.8                          |  |
| 2004               | \$ 9,183,472.25                | \$ 9,183,472.25                     |                            |   | \$   | 18,366,944.5                          |  |
|                    |                                |                                     |                            | <u> </u>  |  |                                       |  |
|                    |                                |                                     | <u></u>                    | <u> </u>  | \$   | 70,046,755.7                          |  |
| Total:             | \$ 31,724,532.88               | \$ 38,322,222.90                    |                            | <u> </u>  |  | LY if the answer is Y                 |  |
| CFDA# 93.778       |                                |                                     |                            | <u> </u>  |  |                                       |  |
|                    | State                          | Fiscal Contract                     |                            | is the Contractor a                               | SUBRECIPIENT? (pe  | r OMB A-133)                          |  |
| Name:              | Dean Daniel                    |                                     |                            | is the Contractor a Vendor? (per OMB A-133)       |  |                                       |  |
| Address:           | 729 Church Street              |                                     |                            |   |  |                                       |  |
| Phone:             | Nashville, TN<br>(615)532-1362 |                                     | · .                        | Is the Fiscal Year F                              | unding STRICTLY LI   | MITED?                                |  |
|                    |                                | dget Officer Approval               | Signature                  | is the Contractor on STARS?                       |  |                                       |  |
| -                  | Tocal ing Agend Su             |                                     | . / /                      | Is the Contractor's FORM W-9 ATTACHED?            |  |                                       |  |
| Dean Daniel        | Dearte                         | anel                                | 6/30/03                    | Is the Contractor's Form W-9 Filed with Accounts? |  |                                       |  |
|                    | COMPLETE FOR                   | ALL AMENDMENTS (                    | only)/                     | Durationt to T.C.A                                | Funding Certification  Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., |                                       |  |
|                    | . ( -                          | Base Contract & Prior<br>Amendments | This Amendment ONL         | Y Commissioner of Fig.                            | nance and Administating the appropriation from                                   | on, do hereby certify th              |  |
| CONTRACT END DATE: |                                |                                     |                            | required to be paid                               | that is not otherwise e  | ncumbered to pay                      |  |
| FY: 2002           |                                |                                     |                            | obligations previous                              | sly incurred.  |                                       |  |
| FY: 2003           |                                |                                     | <u> </u>                   | 4   | •  |                                       |  |
| FY: 2004           |                                |                                     | <del> </del>               | <del></del>                                       | <u> </u>   |                                       |  |
| FY:                | <u> </u>                       | ` <u> </u>                          |                            | -   |  | •                                     |  |
| FY:                | <del></del>                    |                                     | \$ -                       | -   | ·  |                                       |  |
|                    |                                |                                     |                            |   |  |                                       |  |

COMPTROLLER'S OFFICE OF OPPICES

303 70F - 5 W 8: 22

BECEINED



|         | -                                  | . CONTRA                               | CT SUMMARY :                          | SHEET                      | •   |   |          |  |
|---------|------------------------------------|--|---------------------------------------|----------------------------|---|---|----------|--|
|         | 318.66-026                         | <del></del>                            |                                       | Contract Number:           | FA-02-14632-02                                    |   |          |  |
| ber:    | <u> </u>                           | ad Administration                      |                                       | Division:                  | Bureau of TennCare                                | • • •                                       |          |  |
| псу:    | Department of Finance ar           | in Valiminan anom                      |                                       | Con                        | ntract Identification                             | lumber                                      |          |  |
|         | Co                                 | ntractor                               | V-                                    | •                          |   |   |          |  |
| TennCa  | are Select)                        |  | □ c-                                  |                            | <u> </u>  |   |          |  |
|         |                                    |  | Service Description                   | <u>'</u>                   |   | - id Desideties                             |          |  |
| ad Čare | Organization Service               | es (ASO) / Medically                   | necessary Health Ca                   | are Services to th         | ne TennCare / Medi                                | caio Population                             | <br>     |  |
|         | ·                                  | ct Begin Date                          |                                       | Contract End Date          |   |   |          |  |
|         |                                    | /1/2001                                |                                       |                            | 12/31/2003  | • •   |          |  |
|         |                                    | Object Code                            | Fund                                  | . Grant                    | Grant Code  | Subgrant Code                               |          |  |
| nt Code | Cost Center                        | 134                                    | 11                                    | ☐ STARS                    |   |   |          |  |
| 318.66  |                                    | •                                      | Interdepartmental<br>Funds            | Other Funding              |   | ontract Amount (including<br>ALL amendments |          |  |
| -Y      | State Funds                        | Federal Funds                          | Fullus                                |                            | \$  | \$ 18,599,868.4                             |          |  |
| 002     | \$ 6,755,937.23                    | \$ 11,843,931.25<br>\$ 17,294,819.40   | <u> </u>                              |                            | \$  | 33,079,942.                                 |          |  |
| 003     | \$ 15,785,123.40                   | \$ 17,294,819,40<br>\$ 9,183,472.25    |                                       |                            | \$  | 18,366,944                                  | .ou      |  |
| 004     | \$ 9,183,472.25                    | φ σ, του, τι ε.ευ.                     |                                       |                            |   |   |          |  |
|         |                                    |  |                                       |                            | \$  | 70,046,755                                  | .78      |  |
| Tota    | 1: \$ 31,724,532.88                | \$ 38,322,222.90                       | <u> </u>                              | <del></del>                | T   | LY if the answer is                         |          |  |
| DA#     |                                    | 93.778                                 |                                       |                            | a SUBRECIPIENT? (pe                               |   |          |  |
|         | State                              | Fiscal Contract                        |                                       |                            |   |   |          |  |
|         | Dean Daniel                        | <del></del> ,                          | • ,                                   | is the Contractor          | r a Vendor? (per OMB A                            | <u>(-133)</u>                               | ┼-       |  |
| s:      | 729 Church Street<br>Nashville, TN |  | •                                     |                            | is the Fiscal Year Funding STRICTLY LIMITED?      |   |          |  |
|         | (615)532-1362                      | 1 / Office Americal                    | Signature                             | Is the Contractor          | r on STARS?                                       |   |          |  |
|         | Procuring Agency Bu                | dget Officer Approval                  | )                                     |                            | Is the Contractor's FORM W-9 ATTACHED?            |   |          |  |
| Daniel  | i pan                              | I kne (                                |                                       |                            | is the Contractor's Form W-9 Filed with Accounts? |   |          |  |
|         |                                    | ALL AMENDMENTS                         | only)                                 |                            | Funding Certific                                  | ation                                       | <u> </u> |  |
|         | COMPLETE FOR                       | ALL AMENDMENTS ( Base Contract & Prior |                                       | A., Section 9-6-113, I, C. |   | that  |          |  |
| •       |                                    | Amendments                             |                                       |                            |   | on is                                       |          |  |
| CONT    | RACT END DATE:                     | 12/31/2003                             |                                       |                            | aid that is not otnerwise t                       | encumbered to pay                           |          |  |
| 002     |                                    | \$ 18,599,868.48                       |                                       | obligations previ          | lously incurred.                                  | •   |          |  |
| 003     |                                    | \$ 28,036,976.80<br>\$ 18,366,944.50   |                                       | <del></del>                |   |   | <u>.</u> |  |
| 004     |                                    | \$ 18,366,944.50                       | · · · · · · · · · · · · · · · · · · · |                            |   |   |          |  |
|         |                                    |  |                                       | _]                         |   |   |          |  |
|         | Tota                               | al: \$ 65,003,789.7                    | 8 \$ 5,042,966.                       | 00                         | · ·   | •   |          |  |

Total:

COMPTROLLER'S OFFICE OFFICE OF MANAGEMENT SERVICES 2013 MAY 29 PM 3: C PROTIVED

| <del></del>           |                                  |                                     |                              |                                       |   |                                  |                                |     |
|-----------------------|----------------------------------|-------------------------------------|------------------------------|---------------------------------------|---|----------------------------------|--------------------------------|-----|
|                       | ·                                | CONTI                               | RACTS                        | SUMMARY                               | SHEET   |                                  |                                |     |
| RFS Number:           | 318.46-026                       |                                     |                              |                                       | Contract Number:                                  | Contract Number: FA-02-14632-01  |                                |     |
| State Agency:         | Department of Finance            | and Administration                  | Division: Bureau of TennCare |                                       |   |                                  |                                |     |
|                       | C                                | Contractor                          |                              |                                       | - Contr   | act Identification               | Number                         |     |
| VSHP (TennCa          | are Select)                      |                                     |                              |                                       | □ V-<br>□ C-                                      |                                  |                                |     |
|                       |                                  |                                     | Service                      | Description                           | n .   |                                  |                                |     |
| Managed Care          | Organization Servi               | ces (ASO) / Medicall                | y necess                     | ary Health Ca                         | are Services to the                               |                                  |                                |     |
|                       | Contr                            | act Begin Date                      |                              |                                       |   | Contract End Da                  | te                             | _   |
|                       |                                  | 7/1/2001                            |                              | ·                                     |   | 12/31/2003                       |                                |     |
| Allotment Code        | Cost Center                      | Object Code                         |                              | Fund                                  | Grant   | Grant Code                       | Subgrant Code                  | e . |
| 318.66                | 839                              | 134                                 |                              | 11                                    | ☐ STARS   |                                  |                                |     |
| Tie.                  |                                  |                                     |                              | epartmental                           |   | Total Contract Amount (including |                                | ng  |
| FY                    | State Funds                      | Federal Funds                       |                              | Funds                                 | Other Funding                                     | ALL amendments<br>18,599,868.4   |                                | 40  |
| 2002                  | \$ 6,755,937.23                  | \$ 11,843,931.25                    | <u> </u>                     |                                       |   | \$                               |                                |     |
| 2003                  | \$ 14,018,488.40                 | \$ 14,018,488.40                    | -                            |                                       | <u> </u>  | \$                               | 28,036,976.80<br>18,366,944.50 |     |
| 2004                  | \$ 9,183,472.25                  | \$ 9,183,472.25                     |                              |                                       | <del></del>                                       | Ψ                                | 10,500,544.                    | .50 |
|                       |                                  |                                     | ļ <u></u>                    | · <del></del> · · · ·                 |   |                                  |                                |     |
|                       | £ 00 057 007 00                  | \$ 35,045,891.90                    |                              | <del></del>                           |   | \$                               | 65,003,789.                    | 78  |
| Total:                | \$ 29,957,897.88                 | 93.778                              | l                            |                                       | <del>                                     </del>  | Check the box ONL                |                                |     |
| CFDA#                 |                                  |                                     | ·_                           | · · ·                                 | Is the Contractor a SUBRECIPIENT? (per OMB A-133) |                                  |                                |     |
|                       |                                  | Fiscal Contract                     |                              |                                       | Is the Contractor a S                             | UBRECIPIENT? (per                | OMB A-133)                     |     |
| Name:                 | Dean Daniel<br>729 Church Street | •                                   |                              |                                       | Is the Contractor a V                             | endor? (per OMB A-               | 133)                           | L J |
| Address:              | Nashville, TN                    | . •                                 |                              |                                       |   |                                  |                                |     |
|                       | (615)532-1362                    |                                     |                              |                                       | Is the Fiscal Year Fu                             | nding STRICTLY LIN               | IITED?                         |     |
| Pr                    | ocuring Agency Bud               | lget Officer Approval               | Signature                    | }                                     | s the Contractor on STARS?                        |                                  |                                |     |
| Dean Daniel           |                                  |                                     | )                            |                                       | Is the Contractor's FORM W-9 ATTACHED?            |                                  |                                |     |
| 11                    | MAN /                            | UMIEL                               | · .                          |                                       | Is the Contractor's Form W-9 Filed with Accounts? |                                  |                                |     |
|                       | COMPLETE FOR A                   | ALL AMENDMENTS (                    | only)                        |                                       |   | unding Certificat                |                                |     |
| Base Contract & Prior |                                  |                                     |                              |                                       | Pursuant to T.C.A., Se                            |                                  |                                |     |
|                       |                                  |                                     |                              | endment ONLY                          | Commissioner of Fina<br>there is a balance in the |                                  |                                |     |
|                       |                                  |                                     | /31/2003                     | required to be paid that              | at is not otherwise end                           | cumbered to pay                  | , 13                           |     |
| FY: 2002              |                                  | \$ 18,599,868.48<br>\$ 9,670,032.30 | \$ 18                        | 3,366,944.50                          | obligations previously                            | incurred.                        | . •                            |     |
| FY: 2003              | •                                | \$ 9,670,032.30                     |                              | 3,366,944.50                          | 1   |                                  |                                |     |
| FY: 2004<br>FY:       |                                  | <u> </u>                            | 4 10                         | 5,000,044.00                          |   | <del></del>                      |                                |     |
| FY:                   | ·                                |                                     | <del></del>                  | · · · · · · · · · · · · · · · · · · · | •   |                                  |                                |     |
|                       | Total:                           | \$ 28,269,900.78                    | \$ 36                        | 5,733,889.00                          | 1   |                                  | ,                              |     |

DECIDENTED

OFFICE OF THE 2: 22

NANAGEMENT SERVICES

| - 製 -       |                                       | СО                                 | NTRACT                 | _ S #      | M.M.A   | RYSI                                    | EE                      | T :                                 | Marian.                                  |
|-------------|---------------------------------------|------------------------------------|------------------------|------------|---|---|-------------------------|-------------------------------------|--|
| Contrac     | t Number                              | 4                                  | 2-14632-               |            | State Age   |   |                         |                                     | e and Administration                     |
|             | •                                     |                                    |                        |            | Division  | Bureau o                                | TennCare                | B (                                 |  |
|             |                                       | Contra                             | ictor .                | ·········· | <del>                                     </del>                              |   | endor ID                | Number                              | · .                                      |
| VSHP (1     | TennCare S                            | Select)                            |                        |            |   | ·                                       |                         | , dinber                            | <del></del>                              |
|             |                                       |                                    | •                      | ć          | <del>                                    </del>                               | . İ                                     |                         |                                     |  |
| : .         | ·                                     |                                    |                        | Service I  | Description   |   |                         |                                     |  |
| Manage      | d Care Org                            | anization Service                  | s (ASO) / Medically ne | cessary H  | ealth Care Se   | rvices to the Te                        | nnCare / i              | Medicald Por                        | u tation                                 |
|             |                                       | Contract Be                        | gin Date               |            |   |   | ntract E                |                                     |  |
| 07/01/01    | r                                     | •                                  |                        |            | 12/31/02  |   |                         |                                     |  |
| Allotme     | nt Code                               | Cost Center                        | Object Code            | Fi         | und   | Grant                                   | Gr                      | ant Code                            | Subgrant Code                            |
| 318         | 3.66                                  | - 839                              | 134                    |            | 11  | on STARS                                |                         |                                     | 3- |
| - 54        | 1 54-4                                |                                    |                        | Interde    | partmental  | T                                       | <del>-!</del> 1         | Takel C                             | ontract Amount                           |
| · FY        |                                       | e Funds                            | Federal Funds          |            | unds  | Other Fun                               | ding                    |                                     | ALL amendments)                          |
| 2002        | · · · · · · · · · · · · · · · · · · · | 6,755,937.23                       | 11,843,931.25          |            |   |   |                         |                                     | 18,599,868.48                            |
| 2003        | <u></u>                               | 3,512,397.48                       | 6,157,634.82           |            |   | ·                                       |                         |                                     | 9,670,032.30                             |
| <del></del> |                                       |                                    |                        |            | •   |   |                         | <del>-</del>                        |  |
|             | <del> </del>                          |                                    | ·                      |            |   |   | ·                       |                                     |  |
| Total       | 1                                     | 0,268,334.71                       | 18,001,566.07          |            |   |   |                         |                                     | 28,269,900.78                            |
|             | 1                                     |                                    |                        |            |   |   |                         |                                     | 20,209,900.76                            |
|             | Fiscal Ye                             | ear Funding Is S                   | trictly Limited        |            | CFDA Number 93.778  |   |                         |                                     |  |
|             | Contract                              | or is on STARS                     |                        |            |   | Stat                                    | e Fiscal                | Contact                             |  |
|             | Current F                             | orm W-9 On File                    | e With Accounts        |            | Name Address Phone  Keith Gaither  729 Church Street, Nashville TN 37247-6501 |   |                         |                                     |  |
|             | OR<br>Form W/-1                       | 9 Attached                         |                        |            |   |   |                         |                                     |  |
| - 📙         | FOIDI W-                              | Attached                           |                        |            |   |   |                         |                                     |  |
|             |                                       |                                    | M-0-                   |            | <u> </u>  | (615) 532-136                           |                         | · · · · ·                           |  |
|             | Service F                             | rovider Registe                    | red with F&A           |            | Proc  | uring Agency B                          | udget Off               | icer Approv                         | al Signature                             |
|             | Contracte<br>(as define               | or is a SUBRECI<br>ed by OMB Circu | PIENT<br>Jlar A-133)   | :          | Kert  | h Gail                                  | il/                     | ein 6,                              | beler                                    |
| (           | COMPLET                               | E FOR ALL A                        | MENDMENTS (only)       |            |   |   | ling Certi              |                                     | -101                                     |
|             |                                       | Base Contr                         | ract & This Amer       |            | Pursuant to   |   |                         |                                     | on, Commissioner of                      |
| Contract    | End Date                              | Prior Amend                        | iments ONL'            | Y          | appropriation   | Administration, do<br>from which this o | hereby ca<br>bilidation | ertify that there<br>is required to | e is a balance in the                    |
| ·           | <u> </u>                              | :                                  |                        |            | omerwise end  | umbered to pay ob                       | ligations pi            | reviously incum                     | ed.                                      |
| -           | •                                     |                                    |                        |            | •   |   |                         |                                     |  |
|             |                                       |                                    |                        |            |   | •                                       |                         | 3                                   |  |
|             |                                       |                                    |                        | •          | ·   | 0                                       | CR Use (                | Only 🎸                              |  |
| <u> </u>    |                                       |                                    |                        |            |   |   |                         | ****                                |  |
|             | Total                                 |                                    |                        |            |   |   |                         | •                                   |  |
| •           |                                       |                                    | 134                    |            |   |   |                         |                                     |  |
| * *         | •                                     |                                    |                        |            |   |   |                         |                                     |  |
|             |                                       | · ·                                |                        | r :        |   |   | -:-a5                   | 1717                                |  |
|             |                                       |                                    |                        |            |   |   |                         | BA E                                | (#) <b>)</b>                             |
|             |                                       |                                    |                        |            |   | MAIL                                    |                         |                                     |  |
|             |                                       |                                    |                        | : *        |   |   | ,, akt                  | 29 2001                             |  |
|             | KEU                                   | EIVED                              |                        |            |   | Pin                                     | JUN                     |                                     | -c                                       |

JUL 0 2 2001

NIANAGENIEN'I SERVICES